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MARCH 24, 1999

PTAS

GENE W. ARANT
674 COUNTY SQUARE DRIVE, SUITE 205
VENTURA, CA 93003-5452



100941353A

UNITED STATES PATENT AND TRADEMARK OFFICE
NOTICE OF RECORDATION OF ASSIGNMENT DOCUMENT

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PLEASE REVIEW ALL INFORMATION CONTAINED ON THIS NOTICE. THE INFORMATION CONTAINED ON THIS RECORDATION NOTICE REFLECTS THE DATA PRESENT IN THE PATENT AND TRADEMARK ASSIGNMENT SYSTEM. IF YOU SHOULD FIND ANY ERRORS OR HAVE QUESTIONS CONCERNING THIS NOTICE, YOU MAY CONTACT THE EMPLOYEE WHOSE NAME APPEARS ON THIS NOTICE AT 703-308-9723. PLEASE SEND REQUEST FOR CORRECTION TO: U.S. PATENT AND TRADEMARK OFFICE, ASSIGNMENT DIVISION, BOX ASSIGNMENTS, CG-4, 1213 JEFFERSON DAVIS HWY, SUITE 320, WASHINGTON, D.C. 20231.

RECORDATION DATE: 11/02/1998

REEL/FRAME: 9567/0209
NUMBER OF PAGES: 3

BRIEF: ASSIGNMENT OF ASSIGNOR'S INTEREST (SEE DOCUMENT FOR DETAILS).

ASSIGNOR:
ELSON, EDWARD E.

DOC DATE: 10/21/1998

ASSIGNEE:
KOH, LAWRENCE R.
11755 WILSHIRE BOULEVARD, 9TH
FLOOR
LOS ANGELES, CALIFORNIA 90025

SERIAL NUMBER: 09160511
PATENT NUMBER:

FILING DATE: 09/24/1998
ISSUE DATE:

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11/2/98

03-23-1999

U.S. DEPARTMENT OF COMMERCE
Patent and Trademark Office

To the Honorable Commissioner of Patents



100941353

inal documents or copy thereof.

1. Name of conveying party(ies):

Edward E. Elson

Additional name(s) of conveying party(ies) attached? Yes No

3. Nature of conveyance:

Assignment Merger

Security Agreement Change of Name

Other

Execution Date: 10/21/98

2. Name and address of receiving party(ies):

Name: Lawrence R. Koh

Internal Address:

Street Address: 11755 Wilshire Boulevard, 9th Floor

City: Los Angeles State: California Zip: 90025

Additional name(s) & address(es) attached? Yes No

4. Application number(s) or patent number(s):

If this document is being filed together with a new application, the execution date of the application is:



A. Patent Application No.(s)

09/160,511 filed September 24, 1998

B. Patent No.(s)

Additional numbers attached? Yes No

5. Name and address of party to whom correspondence concerning document should be mailed:

Name: LAW OFFICES OF GENE W. ARANT

Internal Address: Gene W. Arant

Street Address: 674 County Square Drive, Suite 205

City: Ventura State: California Zip: 93003-5452

6. Total number of applications and patents involved:

1

7. Total fee (37 CFR 3.41): \$40.00

Enclosed

Authorized to be charged to deposit account

8. Charge any excess or credit any refund to deposit account number:

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9. Statement and signature.

To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.

Gene W. Arant
Name of Person Signing

Signature

Oct 29, 1998

Date

Total number of pages comprising cover sheet:

1

OMB No. 0651-0011 (exp. 4/94)

**ASSIGNMENT FOR FILED APPLICATION
FOR UNITED STATES PATENT**

(Sole or Joint Inventors)

WHEREAS:

FULL NAME(S) AND
POST OFFICE ADDRESSES
OF INVENTOR(S)
(including country)

Edward E. Elson
4356 Claytor Circle
Anaheim, California 92806
USA

(hereinafter referred to as ASSIGNOR), has invented and owns a certain invention entitled:

TITLE OF
INVENTION

A NEEDLE POINT GUARD SAFETY CAP ASSEMBLY

which is disclosed and claimed in USPA Serial No. 09/160,511,
filed 09/24/98,

WHEREAS,

FULL NAME AND
ADDRESS (including
country)
OF ASSIGNEE

Lawrence R. Koh
11755 Wilshire Blvd., 9th Fl.
Los Angeles, California 90025
USA

(hereinafter referred to as ASSIGNEE), is desirous of acquiring the entire interest in, to, and under said invention and in, to and under Letters Patent or similar legal protection to be obtained therefor in the United States and in any and all foreign countries.

NOW, THEREFORE, TO ALL WHOM IT MAY CONCERN:

Be it known that in consideration of the payment by ASSIGNEE to ASSIGNOR of the sum of One Dollar (\$1.00), the receipt of which is hereby acknowledged, and for other good and valuable consideration, I hereby sell, assign and transfer to ASSIGNEE the full and exclusive right, title and interest to said invention in the United States and its territorial possessions and in all foreign countries and to all Letters Patent or similar legal protection in the United States and its territorial possessions and in any and all foreign countries to be obtained for said invention by said application or any continuation, division, renewal, substitute or reissue thereof or any legal equivalent thereof in a foreign country for the full term or terms for which the same may be granted.

ASSIGNOR hereby covenants that no assignment, sale, agreement or encumbrance has been or will be made or entered into which would conflict with this assignment and sale;

ASSIGNOR further covenants that ASSIGNEE will, upon its request, be provided promptly with all pertinent facts and documents relating to said application, said invention and said Letters Patent and legal equivalents in foreign countries as may be known and accessible to ASSIGNOR and will testify as to the same in any interference or litigation related thereto and will promptly execute and deliver to ASSIGNEE or its legal representative any and all papers, instruments or affidavits required to apply for, obtain, maintain, issue and enforce said application, said invention and said Letters Patent and said equivalents thereof in any foreign country which may be necessary or desirable to carry out the purposes thereof.

IN WITNESS WHEREOF, I have hereunto set hand and seal this

10/21/99

(Date of Signing)

Michael Elson

(Signature)

(PAT-5)119551\0101\Assign.elson

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REISSUE APPLICATION DECLARATION BY THE INVENTOR

Docket Number (Optional)
0229

As a below named inventor, I hereby declare that:

My residence, mailing address and citizenship are stated below next to my name.
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint Inventor (if plural names are listed below) of the subject matter which is described and claimed in patent number 6,015,397, granted January 18, 2000, and for which a reissue patent is sought on the invention entitled Needle Point Guard Safety Cap Assembly.

the specification of which

is attached hereto.

was filed on _____ as reissue application number _____ /
and was amended on _____
(if applicable)

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I verify believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

by reason of a defective specification or drawing.

by reason of the patentee claiming more or less than he had the right to claim in the patent.

by reason of other errors.

At least one error upon which reissue is based is described below. If the reissue is a broadening reissue, such must be stated with an explanation as to the nature of the broadening:

The scope of the patent is to be broadened in that the needle cover member is being claimed separately as a sub-combination.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.5 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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(REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)

Docket Number (Optional)
0229

All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant. As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the United States Patent and Trademark Office connected therewith.

Name(s) Registration Number

Gene W. Arant	17,936
William S. Lovell	31,978

Correspondence Address: Direct all communications about the application to:

<input type="checkbox"/> Customer Number	Type Customer Number here	Place Customer Number Bar Code Label here
--	---------------------------	---

<input checked="" type="checkbox"/> Firm or Individual Name	Gene W. Arant				
Address	Post Office Box 0269				
Address					
City	Lincoln City	State	OR	Zip	97367
Country	USA				
Telephone	(541) 764-3300	Fax	(541) 764-3308		

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.

Full name of sole or first inventor (given name, family name)

Edward E. Elson

Inventor's signature <i>Edward E. Elson</i>	Date 1/7/02
Residence Orange County, CALIF.	Citizenship USA

Mailing Address 4356 CLAYTON Circle, ANAHEIM, CA 92807

Full name of second joint inventor (given name, family name)

Lawrence R. Koh (Koh's signed declaration attached as page 3)

Inventor's signature	Date
Residence	Citizenship

Mailing Address

Full name of third joint inventor (given name, family name)

Inventor's signature	Date
Residence	Citizenship

Mailing Address

Additional joint inventors are named on separately numbered sheets attached hereto.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

(REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 3)

Docket Number (Optional)
0229

All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant. As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the United States Patent and Trademark Office connected therewith.

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<input type="checkbox"/> Customer Number	Type Customer Number here	Place Customer Number Bar Code Label here
--	---------------------------	---

<input checked="" type="checkbox"/> Firm or Individual Name	Gene W. Arant				
Address	Post Office Box 0269				
Address					
City	Lincoln City	State	OR	Zip	97367
Country	USA				
Telephone	(541) 764-3300	Fax	(541) 764-3308		

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.

Full name of sole or first inventor (given name, family name)

Edward E. Elson (signed declaration page attached as page 2)

Inventor's signature	Date
Residence	Citizenship
Mailing Address	

Full name of second joint inventor (given name, family name)

Lawrence R. Koh

Inventor's signature	Date
Residence	Citizenship
Mailing Address	CA. 91423 <i>Same as above</i>

Full name of third joint inventor (given name, family name) Lawrence Koh is also the Assignee of the patent, recorded 11/2/98, Reel/Frame 9567/0209

Inventor's signature	Date
Residence	Citizenship
Mailing Address	

Additional joint inventors are named on separately numbered sheets attached hereto.